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CONFIRMATION NO. 4016

<b>SERIAL NUMBER</b> 10/071,667	<b>FILING OR 371(c) DATE</b> 02/08/2002 <b>RULE</b> 1.47	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> OSTEONICS 3.0-380	
<b>APPLICANTS</b> Kathy K. Wang, Suffern, NJ; Michael Meehan, Wanaque, NJ;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/02/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 28	<b>TOTAL CLAIMS</b> 81	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 530					
<b>TITLE</b> POROUS METALLIC SCAFFOLD FOR TISSUE INGROWTH					
<b>FILING FEE RECEIVED</b> 2620	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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